|   |  | D.A.D.C.E.   |   | TET A B              | TORATOON A T  |   |   |
|---|--|--|---|----------------------|---|---|---|
| PART B - FEE(S) TRA  Complete and Sond this form, together with applicable fee(s), to: Mail   |  |  |   |                      | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |   |   |
| JUL 3 1 2006  |  |  | or  |                      | P.O. Box 1450<br>Alexandria, Virg<br>(571)-273-2885   |   |   |
| INSTRUCTIONS. This for appropriate. All institute con indicated unless corrected maintenance fee notification   | m should be used for transportence including the   | smitting the ISSU<br>Patent, advance of<br>in Block 1, by (s | JE FEE and P<br>rders and notif<br>a) specifying a  |                      |   | nired). Blocks 1 through 5 will be mailed to the curren ; and/or (b) indicating a sep |   |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  |  |  |   |                      | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.   |   |   |
| 23399 7590 06/12/2006  REISING, ETHINGTON, BARNES, KISSELLE, P.C. P O BOX 4390 TROY, MI 48099-4390  |  |  |   |                      | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |   |
| 08/01/2006 DTESSEM2 00000047 10652103   |  |  |   |                      | Diana Castillo (Depositor's name)   |   |   |
| 01 FC:1501 1400.00 DP   |  |  |   |                      | Diana Castilla  |   | (Signature)   |
| 02 FC:1504  | 300.00 OP  |  |   |                      | July 27, 20   | 06  | (Date)  |
| APPLICATION NO.   | FILING DATE  | FIRST NAMED INVE   |   | INVEN                | TOR   | ATTORNEY DOCKET NO.   | CONFIRMATION NO.  |
| 10/652,103 08/29/2003 Clifford P. Krieger 7016 PTG 9852 TITLE OF INVENTION: METHOD AND APPARATUS FOR REDUCTION OF FLUID-BORNE NOISE IN HYDRAULIC SYSTEMS  |  |  |   |                      |   |   |   |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE  |   | PU                   | BLICATION FEE   | TOTAL FEE(S) DUE  | DATE DUE  |
| nonprovisional  | NO   | \$1400   |   |                      | \$300   | \$1700  | 09/12/2006  |
| EXAMINER  |  | ART UNIT   |   | CL                   | ASS-SUBCLASS  |   |   |
| HOOK, JAMES F   |  | 3754   |   |                      | 138-044000  |   |   |
| I. Change of correspondenc CFR 1.363).  Change of correspond Address form PTO/SB/II  "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.    Reising, Ethington,   2Barnes, Kisselle, P.C. |  |   |                      |   |   |   |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   |  |  |   |                      |   |   |   |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY) |  |  |   |                      |   |   |   |
| Dana Corporation  |  |  | Toledo, Ohio  |                      |   |   |   |
| Please check the appropriate  | assignee category or category  | ories (will not be pr  | rinted on the pa  | itent):              | ☐ Individual 😡 C  | orporation or other private gr  | roup entity Government                                    |
| 4a. The following fee(s) are enclosed:  |  |  | 4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0852 (enclose an extra copy of this form). |                      |   |   |   |
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